

**FOR FURTHER INFORMATION CONTACT:**

Nancy J. Kessinger at (202) 632-8924 or FAX (202) 632-8925.

**SUPPLEMENTARY INFORMATION:** Under the PRA of 1995 (Pub. L. 104-13; 44 U.S.C. 3501-21), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collection of information, VBA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of VBA's functions, including whether the information will have practical utility; (2) the accuracy of VBA's estimate of the burden of the proposed collection of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

*Title:* Statement of Marital Relationship (VA Form 21-4170).

*OMB Control Number:* 2900-0114.

*Type of Review:* Revision of an approved collection.

*Abstract:* VA Form 21-4170 is used to gather information that is necessary to determine whether a valid common law marriage was established. The form is used by persons claiming to be common law widows/widowers of deceased veterans and by veterans and their claimed common law spouses. Benefits cannot be authorized unless a valid marriage is established.

*Affected Public:* Individuals or households.

*Estimated Annual Burden:* 2,708 hours.

*Estimated Average Burden per Respondent:* 25 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 6,500.

By direction of the Secretary.

**Cynthia Harvey-Pryor**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017-04349 Filed 3-6-17; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900-0811]

**Agency Information Collection Activity Under OMB Review: (Hip and Thigh Conditions Disability Benefits Questionnaire (VA Form 21-0960M-8))**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th Street NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to "OMB Control No. 2900-0811" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB Control No. 2900-0811" in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Title:* Hip and Thigh Conditions Disability Benefits Questionnaire (VA Form 21-0960M-8).

*OMB Control Number:* 2900-0811.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Forms 21-0960M-8 is used to gather necessary information from a claimant's treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period

soliciting comments on this collection of information was published at Vol. 81, No. 249, Wednesday, December 28, 2016, page 95735.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 25,000.

*Estimated Average Burden per Respondent:* 30 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 50,000.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017-04425 Filed 3-6-17; 8:45 am]

**BILLING CODE 8320-01-P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900-0215]

**Agency Information Collection Activity Under OMB Review: Request for Information To Make Direct Payment to Child Reaching Majority**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs (VA).

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to "OMB Control No. 2900-0215" in any correspondence.

**FOR FURTHER INFORMATION CONTACT:** Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461-5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to "OMB

Control No. 2900–0215” in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Authority:* 44 U.S.C. 3501–21.

*Title:* Request for Information to Make Direct Payment to Child Reaching Majority (FL 21–863).

*OMB Control Number:* 2900–0215.

*Type of Review:* Extension of a currently approved collection.

*Abstract:*

VA Form Letter 21–863 is used to gather the necessary information to determine a schoolchild’s continued eligibility to VA death benefits and eligibility to direct payment at the age of majority.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at 81 FR 240 on December 14, 2016, page 90412.

*Affected Public:* Individuals or Households.

*Estimated Annual Burden:* 3 hours.

*Estimated Average Burden per Respondent:* 10 minutes.

*Frequency of Response:* One time.

*Estimated Number of Respondents:* 20.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017–04430 Filed 3–6–17; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–NEW]

**Agency Information Collection Activity Under OMB Review (Application for Approval of a Program in a Foreign Country, VA Form 22–0976)**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration (VBA), Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its

expected cost and burden; it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–NEW” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or FAX (202) 632–8925, or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900–NEW.”

**SUPPLEMENTARY INFORMATION:**

*Title:* Application for Approval of a Program in a Foreign Country, VA Form 22–0976.

*OMB Control Number:* 2900–NEW.

*Type of Review:* New Information Collection Request.

*Abstract:* This form (VA Form 22–0976) is used by foreign educational institutions seeking approval for their postsecondary programs. VA uses the information to determine if a program offered by the foreign educational institution is approvable under CFR 21.4260.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period soliciting comments on this collection of information was published at Volume 81, No. 213, Thursday, November 3, 2016, pages 76698 and 76699.

*Affected Public:* Not-for-profit Institutions.

*Estimated Annual Burden:* 50.

*Estimated Average Burden per Respondent:* 20 minutes.

*Frequency of Response:* Once.

*Estimated Number of Respondents:* 150.

By direction of the Secretary.

**Cynthia Harvey-Pryor,**

*Department Clearance Officer, Office of Privacy and Records Management, Department of Veterans Affairs.*

[FR Doc. 2017–04431 Filed 3–6–17; 8:45 am]

**BILLING CODE 8320–01–P**

**DEPARTMENT OF VETERANS AFFAIRS**

[OMB Control No. 2900–0812]

**Agency Information Collection Activity Under OMB Review: (Elbow and Forearm Conditions Disability Benefits Questionnaire (VA Form 21–0960M–4))**

**AGENCY:** Veterans Benefits Administration, Department of Veterans Affairs.

**ACTION:** Notice.

**SUMMARY:** In compliance with the Paperwork Reduction Act (PRA) of 1995, this notice announces that the Veterans Benefits Administration, Department of Veterans Affairs, will submit the collection of information abstracted below to the Office of Management and Budget (OMB) for review and comment. The PRA submission describes the nature of the information collection and its expected cost and burden and it includes the actual data collection instrument.

**DATES:** Comments must be submitted on or before April 6, 2017.

**ADDRESSES:** Submit written comments on the collection of information through [www.Regulations.gov](http://www.Regulations.gov), or to Office of Information and Regulatory Affairs, Office of Management and Budget, Attn: VA Desk Officer; 725 17th St. NW., Washington, DC 20503 or sent through electronic mail to [oir\\_submission@omb.eop.gov](mailto:oir_submission@omb.eop.gov). Please refer to “OMB Control No. 2900–0812” in any correspondence.

**FOR FURTHER INFORMATION CONTACT:**

Cynthia Harvey-Pryor, Enterprise Records Service (005R1B), Department of Veterans Affairs, 810 Vermont Avenue NW., Washington, DC 20420, (202) 461–5870 or email [cynthia.harvey-pryor@va.gov](mailto:cynthia.harvey-pryor@va.gov). Please refer to “OMB Control No. 2900–0812” in any correspondence.

**SUPPLEMENTARY INFORMATION:**

*Title:* (Elbow and Forearm Conditions Disability Benefits Questionnaire (VA Form 21–0960M–4)).

*OMB Control Number:* 2900–0812.

*Type of Review:* Extension of a currently approved collection.

*Abstract:* VA Forms 21–0960M–4 is used to gather necessary information from a claimant’s treating physician regarding the results of medical examinations.

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The **Federal Register** Notice with a 60-day comment period